

# Oregon

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## State CARE Act Program Profile

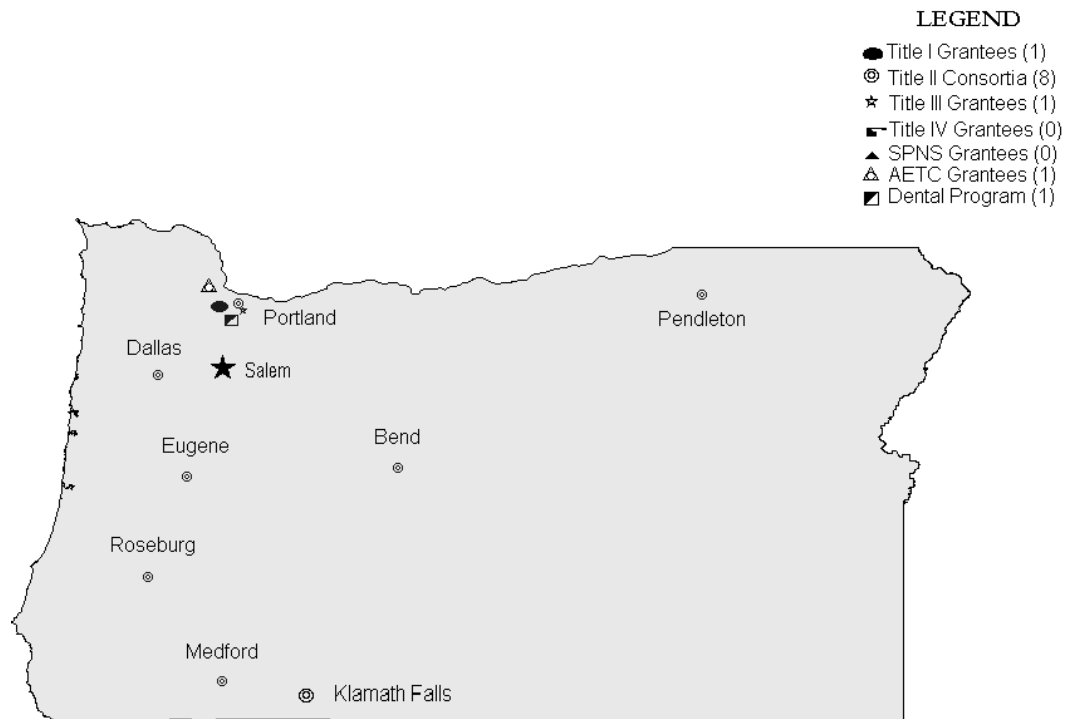
### CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$2,688,924	\$3,472,480	\$3,057,466	\$9,218,870
Title II (including ADAP)	\$1,684,631	\$2,749,308	\$3,438,455	\$7,872,394
ADAP	(\$354,625)	(\$1,148,136)	(\$1,879,091)	(\$3,381,852)
Title III	\$500,000	\$609,692	\$559,692	\$1,669,384
Title IV	\$0	\$0	\$0	\$0
SPNS	\$0	\$0	\$0	\$0
AETC	\$70,000	\$100,000	\$47,000	\$217,000
Dental	\$44,502	\$17,696	\$15,387	\$77,585
<b>Total</b>	<b>\$4,988,057</b>	<b>\$6,949,176</b>	<b>\$7,118,000</b>	<b>\$19,055,233</b>

### Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

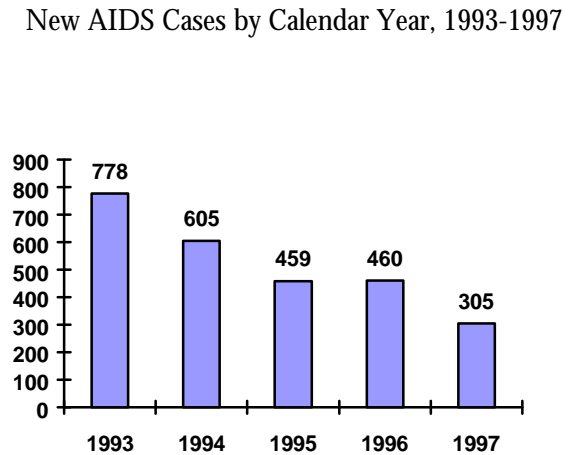
	1996	1997	1998
Title I	1	1	1
Title III	1	2	1
Title IV	0	0	0
SPNS	0	0	0
AETC (grantee or subcontractor)	1	1	1
Dental	1	1	1

## Location of FY 1998 CARE Act Grantees and Title II Consortia



## HIV/AIDS Epidemic in the State: Oregon (Pop. 3,243,487)

- ▶ Persons reported to be living with AIDS through 1997: 1,671
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 11
- ▶ State reporting requirement for HIV: Name-based reporting for children less than six years old with HIV (initiated September 1988)
- ▶ State AIDS Cases (cumulative) since 1993: 2,607 (<1% of AIDS cases in the U.S.)



### Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	91%	78%
Women (13 years and up):	9%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	0%	1%
20+ years old :	99%	98%

	State-Specific Data	National Data
White:	84%	33%
African American:	6%	45%
Hispanic:	8%	21%
Asian/Pacific Islander:	1%	<1%
Native American/Alaskan Native:	1%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	64%	35%
Injecting drug user (IDU):	16%	24%
Men who have sex with men and inject drugs (MSM/IDU):	7%	4%
Heterosexual contact:	9%	13%
Other, unknown or not reported:	5%	24%

### Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	100%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	0%	8%

### Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	173.8	194.5
Gonorrhea (1996)	28.2	124.0
Syphilis (1996)	0.3	4.3
TB (1997)	5.0	7.4

### Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** service systems that adapt to change; inclusion of tribal health programs and PLWH in HIV planning; evaluation tools, uniform standards of care, and data for planning; case management models; medical care; alternative care; medication; adequate insurance coverage; housing; employment services; and adherence support
- ▶ **Emerging Needs:** services for the multiply diagnosed; injection drug users co-infected with hepatitis C, women, the incarcerated, and youth; culturally appropriate services; housing; medication and related services; employment services, financial planning/credit counseling; mental health services; hospice/end-stage support services

## State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

### Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	170% FPL
Medically Needy	57% FPL

\*Income eligibility for State's ADAP program is 325% FPL.

### Medicaid Prescription Drug Benefits Limits

Co-payment:	No
Limit on Rx per month:	No
Refill limit:	No
Quantity Limit:	Yes

### Waivers

#### 1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

**1115 waiver:** Yes

Beneficiary groups: AFDC and AFDC-related families, women, infants, and children, and all uninsured individuals with incomes below 100% FPL. Phase Two will include the elderly, blind, and disabled, and children in foster care.

#### 1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

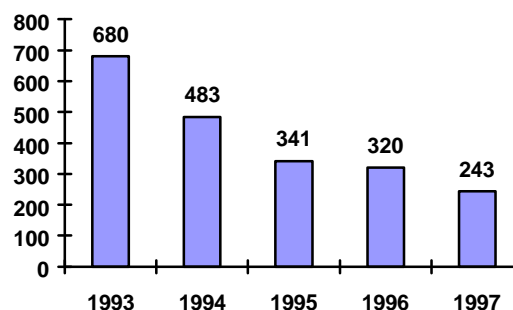
**1915(b) waiver(s):** Yes

## Title I: Portland (Pop. 1,700,000)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

### ► New AIDS cases by calendar year, 1993-1997

- EMA: Clackamas, Columbia, Multnomah, Washington, Yamhill, Clark Counties
- Estimated number of people living with AIDS at the end of 1997: 1,389
- AIDS Cases (cumulative) since 1993: 2,067 (79% of state cases, <1% of total U.S. cases)



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	95%	91%	78%
Women (13 years and up):	5%	9%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	1%	2%
20+ years old:	100%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	87%	84%	33%
African American:	8%	6%	45%
Hispanic:	5%	8%	21%
Asian/Pacific Islander:	0%	1%	<1%
Native American/Alaskan Native:	0%	1%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	69%	64%	35%
Injecting drug user (IDU):	14%	16%	24%
Men who have sex with men and inject drugs (MSM/IDU):	8%	7%	4%
Heterosexual contact:	6%	9%	13%
Other, unknown or not reported: (Adults only)	3%	5%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$1,391,917	\$1,569,359	\$1,573,336	\$4,534,612
Supplemental	\$1,297,007	\$1,903,121	\$1,484,130	\$4,684,258
Total	\$2,688,924	\$3,472,480	\$3,057,466	\$9,218,870

## Allocation of Funds

	1998
Health Care Services	\$1,337,892/44%
Medications	\$0/0%
Case Management	\$329,194/11%
Support Services	\$1,002,105/33%
Administration, Planning and Program Support	\$388,275/13%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 30
- ▶ PLWH on planning council: 14 (47%)

## Gender of Planning Council Members

Men:	70%
Women:	30%

### **Race/Ethnicity of Planning Council Members**

White:	77%
African American:	13%
Hispanic:	7%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	3%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	4,920
Men:	87%
Women:	13%

<13 years old:	1%
13-19 years old:	1%
20+ years old:	94%
Other, unknown or not reported:	5%

White:	76%
African American:	7%
Hispanic:	8%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	3%
Other, unknown or not reported:	5%

Men who have sex with men (MSM):	61%
Injecting drug user (IDU):	10%
Men who have sex with men and inject drugs (MSM/IDU):	12%
Heterosexual contact:	9%
Other, unknown or not reported:	8%

### **► Improved Patient Access**

- Between 1996 and 1997, the Title I program served increased numbers of clients in the following service categories: health insurance continuation increased from 248 clients served in 1996 to 338 in 1997, an increase of 36%; clients provided housing assistance increased from 518 to 560, an increase of 8%; clients provided day care increased from 371 to 455, an increase of 23%, and clients assisted by a development of guide to health insurance and benefits increased from 371 to 455, an increase of 23%.



- The Title I program focused outreach to women, in response to epidemiological data indicating that women with AIDS are less centralized in the EMA than men, (i.e., 40% of the women live in the five outlying counties, in contrast to 20% of the men with AIDS). In addition, funds for capacity building for women's services were used to provide services such as mental health, day/respite care, childcare, social support, transportation and emergency financial assistance. During the first eight months, services provided by women outreach workers succeeding in bringing 72 HIV-infected women into care who lived outside of Multnomah County. The Planning Council continued to focus on this target population by creating and prioritizing a new service category for Women and Children in FY 1998, consolidating funds from other categories that had been earmarked for women and children.
- A Day Center was established for people with advanced HIV disease.
- The Title I program extended mental health services to rural counties, including central intake for clients accessing mental health services from a network of community-based providers focusing on mental health practitioners in outlying counties. In rural Washington County, accessibility to care was expanded through the County's Access Project in collaboration with Cascade AIDS Projects. A new access site was located in Hillsboro, and buddy/companion services at three Cascade Project locations.

► **Improved Patient Outcomes**

- Use of services by HIV-infected women exceeded their estimated prevalence in the population both in 1996 and 1997, increasing from 13.7% in 1996 to 18.8% in 1997.
- Efforts to increase services to Yamhill and Clark Counties had an impact on utilization in 1997. In 1996, Clark County represented 4.5% of services used in the EMA, which increased to 7.9% the following year. Similarly, Yamhill County represented 0.6% of services used in 1996, and an increase to 1.8% of the EMA total in 1997.
- An all-day training on outcome evaluation for CARE Act providers and a half-day training for Planning Council members were conducted. As a result, outcome measures were defined for outpatient medical care, case management and substance abuse treatment.

► **Cost Savings**

- Insurance coverage was provided to as many clients as possible to minimize the number of people relying on ADAP for 100% of their drug needs. As a result, funds allocated to ADAP were not needed by the State to cover operation of the program for the Portland EMA.

## Title II: Oregon

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$1,684,631	\$2,749,308	\$3,438,455	\$7,872,394
ADAP (included in Title II grant)	(\$354,625)	(\$1,148,136)	(\$1,879,091)	(\$3,381,852)
Minimum Required State Match	\$0	\$0	\$0	\$0

### Allocation of Funds

	1998
Health Care (State Administered)	\$1,381,438/40%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$1,148,136)
Direct Services	(\$233,302)
Case Management (State Administered)	\$0/0%
Consortia	\$829,589/24%
Health Care*	(\$229,855)
ADAP/Treatment	(\$18,775)
Case Management	(\$366,508)
Support Services**	(\$214,451)
Administration, Planning and Evaluation (Total State/Consortia)	\$338,281/10%

\* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

\*\* includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

## Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 8

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Four County Care Consortium (Region Seven)	Dallas	Polk, Lincoln, Tillamook, and Clatsop Counties	\$218,612
Region Five Consortium	Roseburg	Coos, Curry and Douglas Counties	\$92,198
Region Four Consortium	Medford	Josephine and Jackson Counties	\$117,809
Region One Consortium	Portland	Multnomah, Clackamas, Washington, Columbia, and Yamhill Counties	\$212,280
Region Six Consortium	Eugene	Lane, Linn and Benton Counties	\$219,227
Region Three-A Consortium	Bend	Wheeler, Jefferson, Crook, Deschutes, and Harney Counties	\$39,953
Region Three-B Consortium	Klamath Falls	Klamath and Lake Counties	\$15,366
Region Two Consortium	Pendleton	Hood River, Wasco, Sherman, Gilliam, Baker, Morrow, Grant, Malheur, Umatilla, Union, and Wallowa, Counties	\$34,830

## Accomplishments

Clients Served (duplicated count), FY 1996:	3,910
Men:	81%
Women:	19%
<13 years old:	1%
13-19 years old:	1%
20+ years old:	94%
Other, unknown or not reported:	4%

White:	77%
African American:	6%
Hispanic:	7%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	3%
Other, unknown or not reported:	6%

Men who have sex with men (MSM):	52%
Injecting drug user (IDU):	12%
Men who have sex with men and inject drugs (MSM/IDU):	5%
Heterosexual contact:	21%
Other, unknown or not reported:	11%

#### ► **Improved Patient Access**

- Between FY 1993 and FY 1996, the number of persons accessing medications through the Oregon ADAP increased about 20%, from 378 to 450 enrolled clients. The introduction of new, more-expensive, combination treatments with protease inhibitors in mid-1996 and early 1997 resulted in severe fiscal constraints. In response, the Title II insurance continuation program was expanded and funds allocated to purchase insurance for low-income persons. As a result, the number of clients requiring full prescription coverage through ADAP declined from 450 in 1996 to 420 as of mid-1998, while monthly utilization has increased from an average of 200 prescriptions per month to almost 800 per month.
- The State expanded the insurance continuation program serving the Portland area statewide in 1997. Savings generated by this expansion allowed expansion of the ADAP formulary from seven drugs in 1997 to 134 drugs starting in FY 1998.
- In Region VI, serving Benton and Linn counties, the consortium added home-delivered meals, food, and transportation services. The consortium also relocated its main service site, bringing prevention, client services, and health care under one roof, resulting in improved coordination, greater visibility, and a dramatic increase in walk-in and telephone inquiries.
- In 1997, the consortium serving Region I reported opening new service sites in the outlying rural counties.

#### ► **Cost Savings**

- The cost-effectiveness of expanding the insurance continuation program statewide has been demonstrated by a reduction in the number of 100%-covered ADAP prescriptions by almost 50%. At the same time, the average number of filled prescriptions has increased from approximately 200 per month in 1996 to almost 800 prescriptions per month in 1997, a four-fold increase.

- In mid-1997, ADAP switched its distribution system to a pharmacy benefits manager (PBM), which allows clients to fill prescriptions through any pharmacy linked to the PBM. Voluntary rebates have been negotiated with four drug manufacturers.

▶ **Other Accomplishments**

- The Oregon Health Division HIV program continues to coordinate across all CARE Act-funded programs and has strengthened collaborative efforts with State and county HIV prevention and education programs, counseling and testing services, STD and TB prevention, care, and control programs, and substance abuse prevention and treatment services. During 1998, the State initiated a planned, incremental merger of the HIV and STD programs.

## AIDS Drug Assistance Program (ADAP): Oregon

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$553,625	\$1,198,136	\$1,929,091	\$3,680,852
State Funds	\$0	\$0	\$0	\$0
Total	\$553,625	\$1,198,136	\$1,929,091	\$3,680,852

### Program

- ▶ Administrative Agency: Health Division
- ▶ Formulary: 190 drugs, 5 protease inhibitors, 9 other antiretroviral drugs.
- ▶ Medical Eligibility
  - ▶ HIV Infected: Yes
  - ▶ CD4 Count: No
- ▶ Financial Eligibility
  - ▶ Asset Limit: No
  - ▶ Annual Income Cap: Yes
- ▶ Co-payment: No
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

### Clients Served

Clients enrolled, 10/98:	370
Number using ADAP each month:	200
Percent of clients on protease inhibitors:	65%
Percent of active clients below 200% FPL:	90%

## Client Profile, FY 1996

Men:	91%
Women:	9%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	78%
African American:	7%
Hispanic:	9%
Asian/Pacific Islander:	2%
Native American/Alaskan Native:	2%
Other, unknown or not reported:	2%

## Title III: Oregon

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	1	2	1	
Total Title III funding in State	\$500,000	\$609,692	\$559,692	\$1,669,384

### Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 1 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 10,602
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 583
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 128
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
  - ▶ under 200: 26%
  - ▶ from 200 to 499: 30%
  - ▶ above 500: 40%
  - ▶ unknown: 5%

### Accomplishments

Clients served (primary care only), 1996:	583
Men:	88%
Women:	12%
<13 years old:	0%
13-19 years old:	1%
20+ years old:	99%



White:	79%
African American:	8%
Hispanic:	9%
Asian/Pacific Islander:	2%
Native American/Alaskan Native:	3%

Men who have sex with men (MSM):	62%
Injecting drug user (IDU):	13%
Men who have sex with men and inject drugs (MSM/IDU):	14%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	8%
Receipt of blood transfusion, blood components, or tissue:	0%
Other, unknown or not reported:	2%

#### ► Improved Patient Access

- The Multnomah County HIV Health Services Center is a full-service outpatient clinic that serves approximately 600 HIV-infected adolescents and adults living in the Portland area. Of the clients served in 1997, 36% had a history of substance abuse, 34% mental health disorders, and 27% experienced both.
- The grantee routinely offers prenatal clients HIV counseling and testing through Multnomah's early intervention program.
- In order to improve adherence with complex treatment regimens, a pharmacist was added to Multnomah's project staff to provide client education, counseling and monitoring compliance.

#### Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Multnomah County Health Department	Portland	Multnomah, Clackamas, Washington, Yamhill, and Columbia Counties	Health Department

#### Planning Grants

1997 - Providence Medford Medical Center - Medford

## AIDS Education and Training Centers: Oregon

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Northwest AETC
- ▶ States Served: Alaska, Idaho, Montana, Oregon, Washington
- ▶ Primary Grantee: University of Washington, Seattle, WA
- ▶ Subcontractors in State: Oregon Health Sciences University - Portland

### Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$70,000	\$100,000	\$47,000	\$217,000

### Training Highlights from FY 1997

- In collaboration with the Washington State Department of Mental Health, SPNS grantees, and the Oregon Health Sciences University HIV Program, the AETC developed and facilitated a two-day integrated training for primary care providers and case managers. The training focuses on managed care issues, adherence, and collaborations between HIV/AIDS, mental health, and substance abuse case managers and care systems.
- To help providers understand that challenges of treating individuals with a dual diagnosis of HIV and addiction, a workshop on harm reduction was offered in June 1998. The workshop was geared toward substance abuse educators, counselors, HIV/AIDS and mental health case managers. Issues addressed at the training included substance abuse, harm reduction, and adherence to HIV/AIDS therapeutic regimens.
- The AETC co-sponsored a conference in Spokane titled, "HIV/AIDS Update with Grand Rounds." This course, attended by dentists and dental hygienists, included both lecture and the opportunity for participants to examine patients with oral manifestations.

- The AETC carried out several activities to disseminate information on the reduction of perinatal transmission of HIV. In 1997, two trainings were held for providers, one in Billings, Montana and the other in Portland, Oregon. In addition to the trainings, information on reducing perinatal transmission was mailed to 750 providers who work at primary care clinics. Medical directors at the clinics also received a book on the medical management of AIDS in women. The AETC also produced and distributed a fotonovella, an illustrated booklet that incorporates treatment information into a story, to assist providers in communicating information on reducing perinatal transmission to their patients.
- To educate providers about PHS treatment guidelines, a video on the treatment guidelines was distributed to every State Health Department in the region.
- In collaboration with the Washington State Department of Health-HIV/AIDS Client Services and early Intervention Program, and the Washington State Medical Association, a four-page needs assessment was developed to gather information on the knowledge level of Washington State primary care providers on HIV/AIDS therapeutics and assessment skills. Over 1,700 surveys were returned and the results will be used to tailor future training activities to the needs of providers.
- With supplemental AETC funds, the AETC is training primary care providers serving the Alaskan Native/Native American population in Alaska. This two-phase project, conducted in collaboration with the Alaskan Native Health Board, includes a needs assessment to be carried out in January 1999 and four regional trainings. The AETC also was one of the sponsors of AIDS Symposium, a statewide conference held in May 1998.
- The AETC maintains a web site that provides information about its services and products, including training schedules/descriptions and health education materials. In addition, the site links with other regional, national and international resources.
- The AETC collaborates and promotes the AIDS MEDCON service at the University of Washington. This telephone consultation service provides callers with a variety of HIV-related information such as clinical updates, information on new clinical trials, and bibliographies. New MEDCON callers inquiring about AIDS receive a "starter packet" that includes AIDS information and a description of the AETC's mission and services.

## HIV/AIDS Dental Reimbursement Program: Oregon

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

### Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	1	1	1	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$44,502	\$17,696	\$15,387	\$77,585

### Accomplishments

Est. clients served, 1996:	263
Men:	91%
Women:	9%
<13 years old:	0%
13-19 years old:	6%
20+ years old:	94%

### HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Oregon Health Sciences University	Portland